10/650416

PTOGEROE (12-04)
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|--|---|---|-------------|----------------------|---------------------------|----------------|---|-----------------------------|--|--|
| APPLICATION AS FILED - PART I (Column 1) (Column 2) | | | | 8MALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | | |
| FOR | NUMBER FILED | HUMBER EXTRA | | RATE (S) | FEE(S) | 1 | RATE (5) | FEE (S) | | |
| BASIC FEE . (17 OFF 1.15(4, (6), or (d) | | | | | |] : | <u></u> | | | |
| 6EÁROFI FEE (87 OFR 1.16(1), (1), or (ml) | | | 7 | | | | | | | |
| EXAMPLATION FEE BY OFFI LIKE ON OF (d) | , | | | | | | | | | |
| TOTAL CLAMS BY CFR (.160) | minus 20 = | .** | <u>.</u>]. | <u> 235-</u> | •• | . OR | ×50 = | | | |
| NDEPENDENT CLAIMS | = 8 evilins | • | 7 | × 100 | - |] : | *900 | | | |
| PPLICATION 802E ' EE ST CFR 1.16(c)) | If the specification and streets of paper, the ap is \$250 (\$125 for small additional \$250 (\$125 for \$150 for \$1 | piloation size fee due entity) for each 'aadign Eudisch Made: | 1 | · | direction to |] | and the same | Billiog viv. | | |
| MULTIPLE: DEPENDENT CLAIM PRESENT (37 CFR 1.14(III) | | |]· | 180 | • • • • | | 360 | | | |
| 'I the difference in column 1 is less than zero, enter 'O' in octumn 2. | | | | TOTAL, | | - | TOTAL | | | |
| APPLICATION AS AMENDED - PART II 4/13/2) (Column 1) (Column 2) (Column 3) | | | | 8MALL I | EKTITY_ | QR | OTHER | THAN ENTITY | | |
| d: | HAINING MI FTER PRE HOMBNT PA | GHEST JABER PRESENT PRESENT EXTRA | | FATE (6) | TIONAL TOTAL | | RATE (#) | ADDI- TIONAL FEE (\$) | | |
| Total process Life(I) | Mirsus | 20 . | Y | ×35- | | 01 | ×50- | - | | |
| ex ces 1.16(0) | Allnus | 2 - | | $ \tilde{x} CO_{-} $ | | OR | 200- | | | |
| AMENOMENT PAID FOR Total grown Life(g) Minus Compendent (proper L | | | | 100 | (| | 210 | | | |
| FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 CFR L.16(3)) | | | | | | OR | 360 TOTA | · | | |
| • | | | ٠. | ADDLIFE | <u> </u> | OR | ADDUFFEE | ·· | | |
| | | oluma 2) (Column 3) | T | · · · · · · | | | , , , , , , , , , , , , , , , | | | |
| RE | AINING NU | MBER PRESENT MOUSLY EXTRA 10 FOR | | RATE (1) | ADDI- TIONAL FEE FI | | RATER | ADDI- TICHAL | | |
| Total CR OFF LISTIN | Minus ** | : P | 1 | x05 = | | o _R | *8O= | • | | |
| | Minus See | = | 1 | ×100 | | OR | POO- | • • | | |
| independent I Minus III III III III III III III III III I | | | | | | | 7.9.1 | | | |
| ERST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR LIGO) | | | |)80 | | OR: | 560 | | | |
| • • • | · | | | TOTAL ADOL FEE | | OR | TOTAL ADD'L FEE | | | |
| " If the "Highest Number | is less than the entry in colu Previously Pald For IN THI Previously Pald For IN THIS reviously Pald For (Total or | 9 SPACE is less than 20, 8 SPACE is less than 3 | ente | ÷3. | ne appropriale | boxin c | okima 1. | • | | |

In Trignest Number Preyously and the 1stead of appearability is the highest number round in the appropriate box in column to This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 OFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This Will'vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450.